

Independent Review of Disputed Claims

01/01/04 through 9/30/2004

Provider Types	3	Dental
	16	Hospital
	5	Physician
	2	Prescription Drug
	1	Transportation
	7	Undefined
Decisions	2	MCO
	3	MCO in Part /Provider in Part
	1	Settled For MCO/Prov In Part
	5	Provider
	16	Ineligible
	1	Pending
	6	Rescinded
Total Requests	34	

Record Number	642	Date Recd	1/9/2004
Prov Name	Samuel O. Okpaku, M.D., PHD	Provider Type	Physician
MCO Name	Premier Behavioral Systems of Tennessee, LLC		
Claim Descr	denied for timely		
Decision	MCO in Part /Provider in	Date	3/15/2004
Eligibility	Eligible	Code Type	None
Record Number	643	Date Recd	1/21/2004
Prov Name	Seton Medical Center	Provider Type	Hospital
MCO Name	Better Health Plans, Inc		
Claim Descr	denied for lack of prior authorization		
Decision	Ineligible	Date	2/10/2004
Eligibility	Ineligible	Code Type	None
		Amount Awarded	\$531.00
		Amount Awarded	\$0.00

Record Number	644	Date Recd	3/3/2004
Prov Name	Knoxville-Knox County CAC	Provider Type	Undefined
MCO Name	Premier Behavioral Systems of Tennessee, LLC		
Claim Descr			
Decision	Provider	Date	5/4/2004
Eligibility	Eligible	Code Type	None
Amount Awarded			\$105,356.00
Record Number	645	Date Recd	2/20/2004
Prov Name	Precision Healthcare	Provider Type	Undefined
MCO Name	Memphis Managed Care Corporation/TLC Family Care		
Claim Descr	Initially sparked from a 2003 provider complaint (see record 2003.148.09). The MCO reprocessed all claims except for 1. That claim had been billed at the wrong amount but was paid before the error was caught. The MCO recouped the whole amount. The provider refiled correctly and the claim has been outstanding. Through communication with the MCO, as of 3/4/04, the MCO has reprocessed the claim for payment.		
Decision	Rescinded	Date	3/4/2004
Eligibility	Eligible	Code Type	None
Amount Awarded			\$0.00
Record Number	646	Date Recd	3/4/2004
Prov Name	Sweetwater Hospital Assoc.	Provider Type	Hospital
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Claim Descr	member ineligible		
Decision	Provider	Date	5/7/2004
Eligibility	Eligible	Code Type	None
Amount Awarded			\$414.00
Record Number	647	Date Recd	3/4/2004
Prov Name	Sweetwater Hospital Assoc.	Provider Type	Undefined
MCO Name	Volunteer State Health Plan, Inc.		
Claim Descr	denied stating member had other coverage		
Decision	Rescinded	Date	3/12/2004
Eligibility	Eligible	Code Type	None
Amount Awarded			\$0.00

Record Number	648	Date Recd	3/4/2004
Prov Name	Sweetwater Hospital Assoc.	Provider Type	Undefined
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Claim Descr	denied for timely		
Decision	Provider	Date 4/26/2004	Amount Awarded \$3,150.00
Eligibility	Eligible	Code Type None	
Record Number	649	Date Recd	3/1/2004
Prov Name	Brookstone Women's Healthcare	Provider Type	Undefined
MCO Name	Memphis Managed Care Corporation/TLC Family Care		
Claim Descr	On 3/17/04, a check was issued to the provider from the MCO in the amount of 12085.23. The IR reviewer calculated the amount paid to only cover 35% of the claims and ruled that the MCO should pay all of the claims currently unpaid.		
Decision	Provider	Date 4/22/2004	Amount Awarded N/A
Eligibility	Eligible	Code Type None	
Record Number	650	Date Recd	3/11/2004
Prov Name	Center for Oral and Facial Surgery	Provider Type	Dental
MCO Name	Better Health Plans, Inc		
Claim Descr	out of network provider		
Decision	Ineligible	Date 3/12/2004	Amount Awarded \$0.00
Eligibility	Ineligible	Code Type None	
Record Number	651	Date Recd	3/15/2004
Prov Name	St. Marys Ambulatory Surgery Center	Provider Type	Hospital
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Claim Descr			
Decision	Ineligible	Date 3/15/2004	Amount Awarded \$0.00
Eligibility	Ineligible	Code Type None	
	Ineligible Because: Independent review outdated form, resubmitted 2nd time 3/26/04, ineligible b/c missing denial		

Record Number	652	Date Recd	3/26/2004
Prov Name	Pharmathera	Provider Type	Prescription Drug
MCO Name	Memphis Managed Care Corporation/TLC Family Care		
Claim Descr			
Decision	Ineligible	Date	3/26/2004
Eligibility	Ineligible	Code Type	None
	Ineligible Because: More than 365 days has passed since the MCO 1st denial and the request		
Record Number	653	Date Recd	3/26/2004
Prov Name	Pharmathera	Provider Type	Prescription Drug
MCO Name	Memphis Managed Care Corporation/TLC Family Care		
Claim Descr	denied for being too much medicine, FEESC and SRTDI		
Decision	MCO in Part /Provider in	Date	5/28/2004
Eligibility	Eligible	Code Type	None
Record Number	654	Date Recd	3/24/2004
Prov Name	The Surgical Clinic, PLLC	Provider Type	Hospital
MCO Name	Xantus Healthplan of Tennessee, Inc.		
Claim Descr			
Decision	Ineligible	Date	3/30/2004
Eligibility	Ineligible	Code Type	None
Record Number	655	Date Recd	3/31/2004
Prov Name	Palmyra Health Care	Provider Type	Hospital
MCO Name	Volunteer State Health Plan, Inc.		
Claim Descr			
Decision	MCO	Date	6/15/2004
Eligibility	Eligible	Code Type	None

Record Number	656	Date Recd	4/2/2004
Prov Name	Regional Orthopaedic Health Care	Provider Type	Physician
MCO Name	Memphis Managed Care Corporation/TLC Family Care		
Claim Descr	denied for no authorization		
Decision	Ineligible	Date	4/6/2004
Eligibility	Ineligible	Code Type	None
Record Number	657	Date Recd	4/21/2004
Prov Name	Regional Orthopaedic Health Care	Provider Type	Physician
MCO Name	Memphis Managed Care Corporation/TLC Family Care		
Claim Descr	denied for no authorization		
Decision	Rescinded	Date	5/4/2004
Eligibility	Eligible	Code Type	None

Amount Awarded \$0.00

Amount Awarded \$0.00

Record Number	658	Date Recd	4/29/2004
Prov Name	Air Evac EMS Inc	Provider Type	Transportation
MCO Name	Better Health Plans, Inc		
Claim Descr	insufficient documentation to support the medical need for this service		
Decision	Ineligible	Date	5/6/2004
Eligibility	Ineligible	Code Type	None
Record Number	659	Date Recd	5/4/2004
Prov Name	UT Bowld Hospital	Provider Type	Hospital
MCO Name	Memphis Managed Care Corporation/TLC Family Care		
Claim Descr	did not meet the criteria for organ transplant		
Decision	Ineligible	Date	
Eligibility	Ineligible	Code Type	None
	Ineligible Because: outdated form		

Amount Awarded \$0.00

Amount Awarded \$0.00

Record Number	660	Date Recd	5/5/2004
Prov Name	Sweetwater Hospital Assoc.	Provider Type	Hospital
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Claim Descr	claim paid and recouped stating it should be paid by medicare		
Decision	Rescinded	Date 6/2/2004	Amount Awarded \$0.00
Eligibility	Eligible	Code Type None	

Record Number	661	Date Recd	5/10/2004
Prov Name	Dale B. Pittenger, DDS	Provider Type	Dental
MCO Name	Doral Dental		
Claim Descr	claims submitted electronically, doral refusing to pay b/c of a problem with the electronic claims submission process		
Decision	Provider	Date 7/9/2004	Amount Awarded \$73,260.00
Eligibility	Eligible	Code Type None	

Record Number	662	Date Recd	5/5/2004
Prov Name	Sweetwater Hospital Assoc.	Provider Type	Hospital
MCO Name	Tennessee Behavioral Health, Inc.		
Claim Descr	denied as ineligible		
Decision	Rescinded	Date 6/2/2004	Amount Awarded \$0.00
Eligibility	Eligible	Code Type None	

Record Number	663	Date Recd	5/5/2004
Prov Name	Sweetwater Hospital Assoc.	Provider Type	Hospital
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Claim Descr	claim paid and recouped stating it should be paid by medicare		
Decision	Rescinded	Date 6/2/2004	Amount Awarded \$0.00
Eligibility	Eligible	Code Type None	

Record Number	664	Date Recd	5/11/2004
Prov Name	Access Medical Billing	Provider Type	Undefined
MCO Name	John Deere Health Plan, Inc.		
Claim Descr			
Decision	Ineligible	Date 5/20/2004	Amount Awarded \$0.00
Eligibility	Ineligible	Code Type None	

Record Number	665	Date Recd	5/19/2004
Prov Name	Center for Oral and Facial Surgery	Provider Type	Dental
MCO Name	Better Health Plans, Inc		
Claim Descr	out of network provider		
Decision	MCO in Part /Provider in	Date	7/26/2004
Eligibility	Eligible	Code Type	None
Amount Awarded			\$1,249.38

Record Number	666	Date Recd	5/20/2004
Prov Name	UT Bowld Hospital	Provider Type	Hospital
MCO Name	Memphis Managed Care Corporation/TLC Family Care		
Claim Descr	not authorized		
Decision	MCO	Date	7/20/2004
Eligibility	Eligible	Code Type	None
Amount Awarded			\$0.00

Record Number	667	Date Recd	5/28/2004
Prov Name	Methodist Hospital	Provider Type	Hospital
MCO Name	Memphis Managed Care Corporation/TLC Family Care		
Claim Descr	denied for timely		
Decision	Ineligible	Date	6/8/2004
Eligibility	Ineligible	Code Type	None
Amount Awarded			\$0.00

Record Number	668	Date Recd	6/7/2004
Prov Name	Henry County Medical Center	Provider Type	Undefined
MCO Name	Volunteer State Health Plan, Inc.		
Claim Descr			
Decision	Ineligible	Date	6/16/2004
Eligibility	Ineligible	Code Type	None
	Ineligible Because: Non-compliant/ineligible for several reasons. Approval on non-compliant notice form was needed before allowed to process. Form approved 6/15/04. Non-compliant form went out via fax 6/15/04, via mail 6/16/04.		

Record Number	669	Date Recd	6/10/2004
Prov Name	Methodist Hospital	Provider Type	Hospital
MCO Name	Better Health Plans, Inc		
Claim Descr	denied for timely		
Decision	Ineligible	Date 6/17/2004	Amount Awarded \$0.00
Eligibility	Ineligible	Code Type None	
	Ineligible Because: Outdated form, past 365 day from 1st denial		

Record Number	670	Date Recd	6/16/2004
Prov Name	Methodist Healthcare	Provider Type	Hospital
MCO Name	Premier Behavioral Systems of Tennessee, LLC		
Claim Descr	Denied for not being within the range of mental health codes		
Decision	Ineligible	Date 6/23/2004	Amount Awarded \$0.00
Eligibility	Ineligible	Code Type None	
	Ineligible Because: Use of outdated form, missing copy of claim and reconsideration request.		

Record Number	671	Date Recd	7/8/2004
Prov Name	S.K. Ganguli, M.D.	Provider Type	Physician
MCO Name	OmniCare Health Plan, Inc.		
Claim Descr	Denied for having other coverage		
Decision	Ineligible	Date 7/8/2004	Amount Awarded \$0.00
Eligibility	Ineligible	Code Type None	
	Ineligible Because: Use of outdated form, passed 365 days on 2/3 DOS		

Record Number	672	Date Recd	7/12/2004
Prov Name	Westside GI Specialists	Provider Type	Physician
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Claim Descr	Denied for having other coverage		
Decision	Ineligible	Date 7/13/2004	Amount Awarded \$0.00
Eligibility	Ineligible	Code Type None	
	Ineligible Because: Use of outdated form		

Record Number	673	Date Recd	7/15/2004
Prov Name	Methodist Healthcare	Provider Type	Hospital
MCO Name	Premier Behavioral Systems of Tennessee, LLC		
Claim Descr	Denied for diagnosis code not covered		
Decision	Ineligible	Date	7/19/2004
		Amount Awarded	\$0.00
Eligibility	Ineligible	Code Type	None

Ineligible Because:
Use of outdated form, no proof of initial claim , no initial denial etc.

Record Number	674	Date Recd	8/9/2004
Prov Name	Methodist Healthcare	Provider Type	Hospital
MCO Name	Premier Behavioral Systems of Tennessee, LLC		
Claim Descr	Denied for not being within the range of mental health codes		
Decision	Settled For MCO/Prov In	Date	9/3/2004
		Amount Awarded	\$2,707.74
Eligibility	Eligible	Code Type	None

Record Number	675	Date Recd	8/23/2004
Prov Name	LeBonheur Children's Medical Center	Provider Type	Hospital
MCO Name	Better Health Plans, Inc		
Claim Descr	no prior authorization		
Decision	Pending	Date	
		Amount Awarded	\$0.00
Eligibility	Eligible	Code Type	None